GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2134
ANSWERED ON:29.07.2016
Chiranjeevi Yojana
Koli Shri Bahadur Singh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of programmes operational for reduction of Maternal Mortality, State/UT-wise including Chiranjeevi Yojana in Rajasthan;

(b) the quantum of amount allocated/utilised for the purpose, State/UT-wise including Rajasthan; and

(c) the number of persons benefited from the said programmes during the last three years, State/ UT-wise?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): Chiranjeevi Yojna is not being implemented in state of Rajasthan. However, under the National Health Mission, key steps taken by Government of India for reduction of maternal mortality across all States/UTs are as below:
â€¢ Promotion of institutional deliveries through Janani Suraksha Yojana (JSY) wherein JSY incentive is being given to all BPL/SC/ST pregnant women delivering in Government health facilities/accredited private institutions in both High performing State(HPS) and Low Performing State(LPS) regardless of age of mother and number of children.
â€¢ Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
â€¢ Operationalization of Sub-Centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care.
â€¢ Capacity building of health care providers in basic and comprehensive obstetric care with a strategic initiative "Dakshata" to enable service providers in providing high quality services during childbirth at the institutions
â€¢ Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
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â€¢ Mother and Child Tracking System is being implemented to ensure antenatal, intranatal and postnatal care along-with immunization services.
â€¢ Engagement of more than 9.15 lakh Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
â€¢ Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
â€¢ Identifying the severely anaemic cases of pregnant women at sub centres and PHCs for their timely management.
â€¢ Operationalization of Safe Abortion Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on "Delivery Points".
â€¢ Maternal Death Review (MDR) is being implemented across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.
â€¢ Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.
â€¢ Under National Iron Plus Initiative (NIPI), through life cycle approach, age and dose specific IFA supplementation programme is being implemented.
â€¢ To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
â€¢ Setting up of Skill Labs with earmarked skill stations for different training programs to enhance the quality of training in the states.
â€¢ A new initiative of "Prevention of Post-Partum Hemorrhage (PPH) through Community based advance distribution of Misoprostol" by ASHAs/ANMs for high home delivery districts has been implemented.
â€¢ Newer interventions to reduce maternal mortality and morbidity- Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Training of General Surgeons for performing Caesarean Section, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy and Dakshata guidelines for strengthening intra-partum care.
â€¢ The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been introduced with the aim of conducting special ANC checkups

for pregnant women (in their 2nd / 3rd Trimesters of pregnancy) in the country on 9th of every month by Medical Officer/OBGY specialist in the government health facilities and also through Private sector on voluntary basis.

(b): The amount allocated and utilised for the maternal health programmes under State Programme Implementation Plan (SPIP) for last three years State/UT wise including Rajasthan is placed at Annexure-1.
(c): The number of pregnant women benefited from Janani Surksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) for last three years, State/UT-wise is placed at Annexure-2 and Annexure-3 respectively.
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